

date 14/04/10 ID 5000250 amt £14.47  
 Inv No.                      Due date 27/04

OF WINDSOR AND MAIDENHEAD

Text (30 chars incl spaces)  
**CLLR BURBAGE - CHILDCARE**

Acc code	TC	TS	CostC	Cat	Cat	Cat	Net £
J26	E2		MJ30				14.49

INVOICE FOR  
 E & DEPENDENTS' CARERS' SERVICES

Special instructions  
 Contact name J. HARFORD Ext No.                     

PLETED BY COUNCILLOR

ease Print) CLLR DAVID BURBAGE

NAME OF CARER.....

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	<input checked="" type="checkbox"/>
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

*Attendance @ "Improvement Efficiency South East" Awards ceremony to local authorities*

DATE OF CARER SERVICE (DD/MM/YY) 9/3/2010

PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.

TIME

From	<u>1845</u>
To	<u>2145</u>
Total hours	<u>10 30</u>

*EXTERNAL CONFERENCE / AWARDS CEREMONY*

*3hrs @ £4.83*

(Maximum 4 hours)

*= £14.49*

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 18 years of age or over and not an immediate member of my family or person residing with me who has provided the care.

Signature of Member.....

Date 14/4/10

FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.

RECEIPT ATTACHED (please tick)	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
--------------------------------	-----	-------------------------------------	----	--------------------------

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer...

Date 14/4/10

Age of Carer (please tick)

18-21yrs.....

22yrs & over.....

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY					
Members' Services:	Total Amount Claimed £ <u>14.49</u>				
	Authorised for payment <u>J.S. Harford</u>		Date	<u>21/04/10</u>	
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date



ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD

INVOICE FOR  
MEMBERS' CHILD CARE & DEPENDENTS' CARERS' SERVICES

TO BE COMPLETED BY COUNCILLOR

INVOICE SUBMITTED BY COUNCILLOR (Please Print) Cllr. D. BURBAGE

NAME OF CARER.....

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	<input checked="" type="checkbox"/>
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

Chairing & Dinner Meeting

DATE OF CARER SERVICE (DD/MM/YY) 27th May 2010

PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.

TIME

From	<u>1815</u>
To	<u>2115</u>
Total hours	<u>3</u>

(Maximum 4 hours)

Meeting began: 7.35  
Meeting ended: 8.43  
incl travel = 2hrs 08mins @ £4.83 ph  
= £10.30

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 18 years of age or over and not an immediate member of my family or person residing with me who has provided the care.

Signature of Member..... Date 7/6/10

FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.

RECEIPT ATTACHED (please tick) Yes ☒ No ☐

TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer..... Date 27th May 2010

Age of Carer (please tick) 18-21 yrs. 22yrs & over.....

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY					
Members' Services:		Total Amount Claimed £ <u>10.30</u>		Date <u>08/06/10</u>	
		Authorised for payment			
Payroll:	Input by:	Date:	Batch no. 1	Checked by:	Date

Due Date 22/07

CLL BURBAGE - CHILD CARE

1 OF WINDSOR AND MAIDENHEAD

Acc code	TC	TS	CostC	Cat	Cat	Cat	Net £
J26 E2			MJ30				14.49

INVOICE FOR  
RE & DEPENDENTS' CARERS' SERVICES

Special instructions

COMPLETED BY COUNCILLOR

Contact name

J. HARFORD

Ext No

Invoice

Sub

Gross

Please Print) Cllr David Burbage

NAME OF CARER...

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	<input checked="" type="checkbox"/>
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

Baby sitting Cabinet mtg

DATE OF CARER SERVICE (DD/MM/YY) 24/6/2010

PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.

TIME

From	1830
To	2130
Total hours	3

meeting began @ 7.30pm  
meeting ended @ 10.20pm  
i.e. 3hrs @ £4.83ph  
= £14.49  
(Maximum 4 hours)

SCANNING

09 JUL 2010

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 18 years of age or over and not an immediate member of my family or person residing with me who has provided the care.

Signature of Member.....

Date 6.7.10

FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.

RECEIPT ATTACHED (please tick)	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
--------------------------------	-----	-------------------------------------	----	--------------------------

### TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer...

Date 24/6/2010

Age of Carer (please tick)

18-21yrs ☒

22yrs & over ☐

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY					
Members' Services:	Total Amount Claimed £ 14.49				
	Authorised for payment				
Payroll:	Input by:	Date:	Batch no.	Checked by:	Date

24 Date 07-07-10 15/07/10

- 8 JUL 2010

date 18/11/10 ID 800250 amt 16.90  
Inv No. Due date 6/12

Text (30 chars incl spaces)

CLLR BURBAGE - CHILD CARE

OF WINDSOR AND MAIDENHEAD

INVOICE FOR  
E & DEPENDENTS' CARERS' SERVICES

Acc code	TC	TS	CostC	Cat	Cal	Cat	Net £
J26	EZ		MJ30				16.90

Special Instructions RECEIPT MUST BE SCANNED

Contact name

J. HARFORD

Ext No.

PLEATED BY COUNCILLOR

ase Print) CLLR DAVID BURBAGE.

NAME OF CARER.....

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	<input checked="" type="checkbox"/>
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

~~BARBAGE~~ THE LORD LIEUTENANT'S AWARDS CEREMONY 2010

DATE OF CARER SERVICE (DD/MM/YY) 23/09/2010

PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.

TIME

From	18.30
To	22.00
Total hours	3.5

3 hrs @ £4.83 per hr. = £16.90  
(Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 18 years of age or over and not an immediate member of my family or person residing with me who has provided the care.

Signature of Member..... Date 18/11/10

FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.

RECEIPT ATTACHED (please tick)	Yes	No
--------------------------------	-----	----

### TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer..... Date.....

Age of Carer (please tick) 18-21 yrs ☒ 22 yrs & over.....

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY					
Members' Services:	Total Amount Claimed £ 16.90		Date 23/11/10		
Payroll:		Input by:		Checked by:	
		Date:		Batch no.:	

date 18/11/10 ID 800250 amt £ 12.72

Inv No. Due date 6/12

Text (30 chars incl spaces) CLR BURBAGE - CHILDCARE

Acc code	TC	TS	CostC	Cat	Cat	Cat	Net £
J26	EZ		MJ30				12.72

OF WINDSOR AND MAIDENHEAD

INVOICE FOR  
& DEPENDENTS' CARERS' SERVICES

ETED BY COUNCILLOR

Special instructions RECEIPT MUST BE SCANNED

Contact name

J. HARFORD

Ext No.

e Print) CLR. DAVID BURBAGE

NAME OF CARER.....

CATEGORY OF CARE PROVIDED (please tick)

Childcare i.e. for children aged 15 or less	<input checked="" type="checkbox"/>
Care for dependents on social/medical grounds i.e. elderly parents or disabled children/siblings who are dependent upon a Member	<input type="checkbox"/>

APPROVED DUTY THAT CARER SERVICE RELATES TO:-

CABINET MEETING: BARRISTERING

DATE OF CARER SERVICE (DD/MM/YY) 30/9/2010

PLEASE NOTE, THE ALLOWANCE IS PAYABLE FOR THE LENGTH OF THE QUALIFYING APPROVED DUTY AND CAN INCLUDE TRAVEL TIME UP TO A MAXIMUM OF ONE HOUR PER CLAIM.

TIME

From	5.30
To	9.30
Total hours	4 hours.

Meeting 7.30 - 9.08  
duration

incl travel = 2hrs 38 mins @ £4.83 ph  
= £12.72

(Maximum 4 hours)

I declare that I have actually and necessarily incurred expenditure on carer services for the purpose of enabling me to perform approved duties as a Member of the Council and that I have actually paid the carer. I declare that the carer is 18 years of age or over and not an immediate member of my family or person residing with me who has provided the care.

Signature of Member.....

Date 15/11/10

FAILURE TO PROVIDE RECEIPTS MAY RESULT IN NON-PAYMENT OF THE CLAIM.

RECEIPT ATTACHED (please tick)	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
--------------------------------	-----	-------------------------------------	----	--------------------------

### TO BE COMPLETED BY CARER

I declare that I have supplied the services detailed above.

Signature of Carer.....

Date 30/9/2010

Age of Carer (please tick) 18-21 yrs ☒ 22 yrs & over ☐

Please return this form to: Democratic Services, Town Hall, St Ives Road, Maidenhead, Berks SL6 1RF

FOR OFFICE USE ONLY					
Members' Services:		Total Amount Claimed £ 12.72		Date 24/11/10	
		Authorised for payment			
Payroll:	Input by:	Date:	Batch no.:	Checked by:	Date